

El Dorado County 330 Fair Lane Placerville, CA 95667 Invoice Number:

22600032

Invoice Date:

10/1/2021

Due Date:

10/31/2021

Attn: Michael Andersen

Medical Malpractice Program

Description

Amount

Period Covered: 10/1/2021 - 06/30/2022

Premium

\$278,984.00

**PRISM Admin Fee** 

\$20,716.00

**ELDOR Invoice Total:** \$299,700.00

> Please pay by the due date to avoid interest charges. Thank you!